

FILED
MAY 4 2012

## U.S. COURT OF In the United States Court of Federal Claims

Da	avid Ste	bbins	*		
	The U	v. nited States	* * *	Application to In Forma Par	Proceed Proceed 2 - 289
require I believ		epay filing fees. I state that be entitled to relief. The nature		poverty, I am unab	
In furt	her sup	port of this application, I ans	wer the follo	wing questions.	
1.	Are y	ou presently employed?			Yes ✓ No
	a.	If the answer is "yes", state the name and address of you			
	b.	If the answer is "no", state the and wages per month which		* -	the amount of the salary
2.	_	you received within the past ting sources? Business, profession or other Rent payments, interest or or Pensions, annuities or life in Gifts or inheritances? Any other sources?	er form of se dividends?	lf-employment?	Yes No Yes No Yes No Yes No Yes No Yes No

If the answer to any of the above is "yes", describe each source of money and state the amount received from each during the past twelve months.

I receive \$628.20 per month in SSI.

3.	Do you own any cash, or do you have money in checking, savings, or any other accounts?  Yes No
	If the answer is "yes", state the total value of the items owned. Less than \$500 in the bank.
4.	Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)?  Yes No
	If the answer is "yes", describe the property and state its approximate value.
5.	List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.  No dependants
6.	Are you a prisoner?
	If the answer is "Yes", you must submit a certified copy of your trust fund account statement (or institutional equivalent) for the 6-month period immediately preceding your filing of the complaint as required by 28 U.S. C. §1915(a) (2) (2000).
	I declare under penalty of perjury that the foregoing is true and correct. (28 U.S.C. § 1746)
	Executed on 04/30/2012 Date) Signature of Applicant)

